A. Eligibility

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In order to submit Medicaid claims, a supervisory union must determine which of its students are eligible under the School-Based Health Services Program. For a student to be eligible, the student must be a special education student receiving services in accordance with his/her Individualized Education Program (IEP) and be enrolled in Medicaid. In addition, a portion of the student's special education services must be determined to be medically necessary.

SPECIAL EDUCATION PROCESS

School districts are responsible for providing special education to children who meet the eligibility requirements. The eligibility criteria are established by State Board Rules and are amended periodically. To view the complete special education regulations go to the Vermont Department of Education Website http://www.state.vt.us/educ/new/html/pgm_sped.html. Some changes in eligibility are due to changes in the federal special education law known as the Individuals with Disabilities Education Improvement Act. For a child to be eligible for special education, the child must meet the three gates of special education eligibility:

1. Has a disability (i.e., meets the criteria for one of the 14 categories of disabilities established for special education);
2. The disability results in an adverse effect on the child's educational performance;
3. Needs special education services in at least one of the basic skill areas to benefit from his or her educational program.

A special education evaluation may include observations, tests and other diagnostic measures or review of existing information. The special education evaluation is also the name of the process used to determine special education eligibility for a student. An Evaluation and Planning Team (EPT) is the team that is responsible for making the eligibility determination. The team consists of at least one of the child's regular education teachers, a special educator, a person to interpret the education implications, the child's parents (guardian, educational surrogate parent or the adult student), and a local education agency representative. The determination of eligibility must be reviewed at least once every three years. Reevaluations can be conducted sooner at the request of a parent or teacher. If the legal guardian and school are in agreement, the 3 year evaluation can be bypassed.

Within 30 days of being determined eligible for special education, an Individualized Education Program (IEP) must be developed for a student. The IEP must be reviewed and revised at least annually. The IEP is required to include:

1. Statement of the child's present level of educational/functional performance;
2. Measurable annual goals, short-term objectives and benchmarks;
3. Special education services, related services, placement and when appropriate a statement regarding why a child cannot participate full-time in the regular classroom;
4. Beginning date of the IEP and the anticipated frequency, location, and duration of the services and modifications;
5. General characteristics of the child's placement;
6. A statement of any individual accommodations for state or district-wide assessments;
7. A description of any extended school year services (ESY);
8. A description of transition services if appropriate for student;
9. A statement, when appropriate, that parental rights transfer to the student at age 18;

10. A multi-year plan when appropriate;
11. A reintegration plan if the student is placed outside of the regular education environment more than 50% of the school day.

The important pieces of information for the School-Based Health Services program are numbers 3, 4 and 7 that describe the services to be provided to the student. These are important as they describe the services that can potentially be billed to Medicaid.

The IEP for Medicaid eligible students must also include the type of personnel (professional or paraprofessional) and group size for each service.

MEDICAID ELIGIBILITY PROCESS

The second requirement for billing the School-Based Health Service program for a student's special education services is that the student is enrolled in Medicaid. There are different factors that may make a student eligible for Medicaid. The criteria include:

- Family income
- The severity of a student's disability
- Being in the custody of the Department of Children and Families (DCF)

Note: A student who turns 18 may still be enrolled in traditional Medicaid. If this is the case, the student is still eligible under the School-Based Health Services program up to his or her 22nd birthday.

To apply for Medicaid contact:

> MAXIMUS
> Health Access Member Services Unit
> Third Floor
> 5 Burlington Square
> Burlington, Vermont 05401-9823.
>
> Telephone Number: 1-800-250-8427 or 1-802-651-1577

CHECKING MEDICAID ELIGIBILITY

There are several methods that can be used to check whether a student is enrolled in Medicaid.

1. **Website**
   EDS provides eligibility information through the www.vtmedicaid.com website. See electronic eligibility check. To use this service, you must have the student's Medicaid ID (social security) number.

   A. Go to www.vtmedicaid.com
   B. Click on "Transaction Services"
   C. Click on "Production Login"
   D. Enter your User ID and Password
   E. Click on "Eligibility Search"
   F. Type the student's social security number and a beginning and end date
      Note--the end date can not be more than 9 days in the future.
   G. Click "Search"

H. This will call-up eligibility information on the student. If the student is eligible it will show their name, date of birth, address, eligibility dates and types of coverage. If he/she is not eligible the system will state "Validation Error" with an explanation of "The member was not found in the master file" or "The member is not eligible"

Additional instructions are available by clicking the "blue" question mark on the upper right hand corner of the eligibility search page.

2. MALCOLM

This is a toll-free phone number 1-800-925-1706. To use this service, you need to have the supervisory union's Medicaid Provider number, a four digit PIN and the student's Medicaid number. This is a voice-response system. Follow the prompts to verify eligibility. There is a limit of five verifications per telephone call.

3. Field Representative

The third method that can be used to find out if a student is enrolled in Medicaid is to contact your Medicaid field representative.

SCHOOL-BASED HEALTH SERVICES PROGRAM ELIGIBILITY

Each supervisory union needs to have a process in place to determine which special education students are enrolled in Medicaid and can potentially have claims submitted under the School-Based Health Services Program. It is important to know of new special education students soon after they start receiving services due to the six-month deadline for filing claims. This process needs to be developed locally.

Each fall the Medicaid field representatives will request a caseload list of special education students. Students on these lists will be checked for Medicaid eligibility and a list of the Medicaid eligible students will be provided to the school. On December 1st a report called Child Count is sent to the Department of Education. This report includes the name of all special education students. The Medicaid field representatives will review Child Count to determine Medicaid eligibility and provide a list of Medicaid eligible students to the supervisory union.

CHILD COUNT

Child count is a federally required count of students who are eligible for and receiving special education services as of December 1st of each year. The child count is due to the Department of Education mid-December of each school year.

There are instances where Vermont students attend New Hampshire high schools and appear on the New Hampshire child count instead of the Vermont child count. However, as long as the students reside in Vermont and are enrolled in Vermont Medicaid, their Vermont IEP services can be billed under the Vermont School-Based Health Services Program (students in grades 7-12 residing in the town of Norwich can have a New Hampshire IEP).

The child count data collection uses a seven-digit student identification number. This number is not used in the School-Based Health Services program. The social security number is the Medicaid ID number, which is used as the identification number for Medicaid billing.

MEDICAID ELIGIBILITY CATEGORIES

There are numerous Medicaid eligibility categories. Some eligibility categories allow claims to be paid for school-based health services (such as Medicaid Managed Care) and other categories do not (such as Pharmacy Only). The Recipient Aid Categories chart below provides a list of the categories that are eligible for reimbursement. Eligibility categories can be seen when checking eligibility at the www.vtmedicaid.com website and by the field representatives.

RECIPIENT AID CATEGORIES

Refer to this listing when verifying the program the recipient is enrolled in

The following aid categories indicate that an individual **is** eligible to receive services under the School-Based Health Services Program.

AID CATEGORY
A3, A4, A5, A6, A8, A9, B3, B4, B5, B6, B7, B8, C2, C3, C4, C5, C6, C7, C8, C9, D5, D8, E5, E8, F5, G5, G8, H3, H4, H5, H6, H8, H9, I5, I8, K5, K9, L3, L4, L5, L6, L8, L9, M3, M4, M5, M6, M7, M8, O5, P1, P2, P3, P4, P5, P6, P7, P9, Q3, Q6, R1, S5, S7, T5, T8, U5, W3, W4, W6, W9, X3, X4, X5, X6, X8, Y5, Z3, Z4, Z5, Z6, Z7, Z8
AA, AB, AC, AD, AR, AZ, BA, BB, BC, BD, BG, BH, BP, BR, CC, CO, CG, CH, CP, CR, DC, DR, FC, GC, GR, HA, HB ,HC, HD, HR, HZ, IA, IC, ID ,IR, KC, KZ, LA, LB, LC, LD, LR, LZ, MA, MB, MC, MD, MP, MR, NA, NB, NC, ND, NP, NR, OC, PA, PB, PC, PD, PP, PR, QU, QD, RR, SC, SP, TC, TR, WA, WB, WD, WZ, XA, XB, XC, XD, XR, YC

The following aid categories indicate that an individual is **not** eligible to receive services under the School-Based Health Services Program.

AID CATEGORY
Q1, Q2, V1, V2, V3, V4, V5, V6, V7, V8, Z3, Z4, Z5, Z6, Z7, Z8, Z9
GA, GE, HT, HV, LF, MH, PQ, PS, QW, TV, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VS, VT, VU, WM, ZA, ZB, ZC